ST AVAILABLE CODY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M	67611	10/31/6
O.I.P.E. CLASSIFIER		1.0	11-15.00
FORMALITY REVIEW	(1)(66793	tz-11-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	IInterference
— (Through numeral) Canceled	A Appeal _.
÷ Restricted	O Objected

		Claim Date	Claim Date
Claim 1	Date.		
Final Original		Prinal Original	Final
		51	101
	* / - V	52	102
181			103
2 3	\Q = \		104
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35		85	135
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If more than 150 claims or 10 actions staple additional sheet here